PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 [0] 735, 030																		
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY						
ТО	TAL CLAIMS	30			-			RATE		FEE		RATE	FEE					
FO	₹		NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00					
TO	TAL CHARGEA	BLE CLAIMS	3 / minus 20=		-10			X\$ 9	=	90	OR	X\$18=	j					
IND	EPENDENT CL	AIMS	· 4 minus 3 =		•		Ì	X43= 43		43	OR	X86=						
MU	LTIPLE DEPEN	DENT CLAIM PE	RESENT					+145	=		OR	+290=						
* If the difference in column 1 is less than zero, enter "0" in column 2						1	TOTA	L	518	OR	TOTAL							
, (CLAIMS AS AMENDED - PART II (Column 2) (Column 3)							SMAL	.L E	NTITY	OR	OTHER SMALL	NTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	-	RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
DME	Total	· 30	Minus	** 3	0	=		X\$ 9	=		OR	X\$18=						
MEN	Ind pendent	. 4	Minus	***	4	= ~		X43=	-		OR	X86=						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145	=		OR	+290=						
	1,14,21,26 1405 (Column 1) SA (Column 2) (Column 3)								AL EE	•	OR	TOTAL ADDIT, FEE						
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATI	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
AMENDMENT	Total	. 30	Minus	**	30	=		X\$ 9	=		OR	X\$18=						
AME	Independent	* U	Minus	***	LP FCI AIM	-	$\ \ $	X43:	=		ОЯ	X86=						
L	FIRST PRESE	NIATION OF MI	DETIFIE DEF	ENDEN	COAM		'	+145	=		OR	+290=						
									AL EE		OR	TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)											_							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATI	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
	Total	•	Minus	**		= .		X\$ 9	=		OR	X\$18=						
	Independent	*	Minus	***		=	↓	X43:			OR	X86=						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+145	<u> </u>	·	OR	+290=						
:	If the entry in colu	rnn 1 is less than t	he entry in colu	mn 2, writ	e "0" in co	olumn 3. an 20, enter *20	.•	TO	ΓAL	•	OR	TOTAL						
-	di the "Lichart No	mbor Provincely P	aid For IN THIS	S SPACE	is less th	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number